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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				10/655,345			Filing Date 04 September, 2003			To be Mailed			
	Substitute	e for Form l	PTO-1360		Applicant(s	s) MCDAN	IEL, C. ST	Page 1 of 4					
							* May be ı	used for addit	tional claims	or amendme	nts		
CLAIMS	ASF	FILED		R FIRST DMENT	AFTER SEC. AMENDMENT		*			*		本	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1	-	-	-	-	-	51	-	1	-	-	-	-
2	X						52		1				
3	X						53	X					
4	X						54	X	-				
5 6	X X						55 56		1 1				
7	X						57		1				
8	X						58		1				
9	X						59		1				
10	X						60		1				
11	X						61		1				
12	X						62		1				
13 14	X X						63 64	X	1				
15	Λ	1					65	Λ	1				
16		1					66		1				
17		1					67		1				
18		1					68	X					
19		1					69		1				
20		1					70		1				
21		1					71		1				
22 23		1					72 73		1				
24		1					74		1				
25		1					75		1				
26		1					76	X					
27		1					77	X					
28		1					78	X					
29	X						79		1				
30	X	1					80		1				
31 32		1 1					81 82		1 1				
33		1					83		1				
34		1					84		1				
35		1					85		1				
36	X						86		1				
37		1					87		1				
38		1					88		1				
39 40		1 1					90		1 1				
41		1					91		1				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46 47		1					96 97		1				
47		1					98		1				
49		1					99		1				
50		1					100		1				
Total							Total						
Indep							Indep						
Total Depend							Total Depend						
Total				1			Total						
Claims							Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MULTIPLE DEPENDENT CLAIM | Application Number | Filing Date

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application 10/655,				Filing Date 04 September, 2003					
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	(1 01 000				MCDA	TTILL, C.			tional claims	or amendme	nte			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		* May be used for addit		nonai cianns	or amendments *)	ŧ	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
101		1					151		1					
102		1					152		1					
103 104		1					153 154		1					
104		1 1					155		1 1					
106		1					156		1					
107		1					157		1					
108		1					158		1					
109	X						159		1					
110		1					160		1					
111		1					161		1					
112 113		1 1					162 163		1 1				-	
114		1					164		1					
115		1					165		1					
116		1					166		1					
117		1					167		1					
118		1					168		1					
119		1					169		1					
120 121		1					170 171		1					
121		1					171		1					
123		1					173		1					
124		1					174		1					
125		1					175		1					
126		1					176		1					
127		1					177		1					
128		1					178		1					
129 130		1					179 180		1					
131		1					181		1 1					
132		1					182		1					
133		1					183		1					
134		1					184		1					
135		1					185		1					
136		1					186		1					
137 138		1					187 188		1					
138		1			-		189	-	1		-		-	
140		1					190		1					
141		1					191		1					
142		1					192		1					
143		1					193		1					
144		1					194		1					
145		1					195		1					
146 147		1 1			-		196 197		1 1					
148		1					198		1				-	
149		1					199		1					
150		1					200		1					
Total							Total							
Indep							Indep	100000000000000000000000000000000000000						
Total							Total							
Depend Total		1		<u> </u>			Depend Total		<u> </u>		1		1	
Claims							Claims							

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

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Applicant(s)
MCDANIEL, C. STEVEN

Page 3 of 4

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							nts						
CLAIMS	ASI	FILED	AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		¥t			*		i i	•
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
201		1					251		1				
202		1					252		1				
203		1					253		1				
204		1					254		1				
205		1					255		1				
206		1					256		1				
207		1					257	X					
208		1					258	X					
209		1					259	X					
210		1					260	X					
211		1					261	X					
212		1					262	X					
213		1					263	X					
214		1					264	X					
215		1					265	X					
216		1					266	X					
217		1					267	X					
218		1					268	X					
219		1					269	X					
220		1					270	X					
221		1					271	X					
222		1					272	X					
223		1					273	X					
224		1					274	X					
225		1					275	X					
226		1					276	X					
227		1					277	X					
228		1					278	X					
229		1					279	X					
230		1					280	X					
231		1					281	X					
232		1					282	X					
233		1					283	X					
234		1					284	X					
235		1					285	X					
236		1					286	X					
237		1					287	X					
238		1					288	X					
239		1					289	X					
240		1					290	X					
241		1					291	X					
242		1					292	X					
243		1					293	X					
244		1					294	X					
245		1					295	X					
246		1					296	X					
247		1					297	X					
248		1					298	X					
249		1					299	X					
250		1					300	Х					
Total							Total						
Indep							Indep						
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Applicant(s)
MCDANIEL, C. STEVEN

Page 4 of 4

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					* May be used for additional claims or amendments								
CLAIMS	ASI	FILED	AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT			*			*	ł	•
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
301	X					- ·r ·	351	r	1	r	r	r	- ·r
302	X						352		1				
303	X						353		1				
304	X						354		1				
305	X						355		1				
306	X						356		1				
307	X						357		1				
308	X						358		1				
309	1	-					359		1				
310	X						360		1				
311	X						361		1				
312	X						362						
								37	1				
313 314	X						363	X					
	X						364	X	1				
315	X						365		1				
316	X						366		1				
317	X						367		1				
318	X						368		1				
319	1						369		1				
320		1					370		1				
321		1					371		1				
322		1					372		1				
323		1					373		1				
324		1					374	X					
325		1					375	X					
326		1					376		1				
327		1					377		1				
328		1					378		1				
329		1					379		1				
330		1					380		1				
331		1					381		1				
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339		1					389		1				
340		1					390		1				
341		1					391		1				
342		1					392	1	1				
343		1					393	1					
344		1					394						
345		1					395						
346		1					396						
347		1					397						
348		1					398						
349		1					399						
350		1					400						
Total	2						Total		0.0000000000000000000000000000000000000		000000000000000000000000000000000000000		
Indep	_						Indep						
Total		324					Total						
Depend		1					Depend						
Total	3	26					Total						
Claims							Claims						

Claims

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